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Evaluation Framework for effective HIV/public health programming in Nigeria

Saheed Ottun

A capstone paper submitted in partial fulfillment of the requirements for a Master of Arts in
Sustainable Development at SIT Graduate Institute, DC Center in Washington, DC, USA

July 28, 2017

Advisor: Dr. Davina Durgana

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Student name: Saheed Ottun

Date: July 28, 2017

Dedication and Acknowledgement

I dedicate this capstone to Almighty Allah, who is the Alpha and Omega, the one who grants and perfects His favors on human beings.

I acknowledge and appreciate the effort of my late parents especially my mother, who sold all her possession to ensure I became educated. My appreciation goes to Lagos State Government for granting me a partial scholarship to study here at SIT Graduate Institute. I also appreciate the efforts, diligence, professionalism, tenacity, and eloquence of my Instructors and faculties for transforming me academically.

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Abstract

Evaluation is a buzzword in the field of development. How can one ensure the incorporation of effective monitoring and assessment framework in HIV/AIDS and public health programming that will impact positively on the reproductive health of young adults in Nigeria? In most public corporations in Nigeria, there is hardly any conscious effort on the part of the government to conduct either process evaluation or impact assessment on various government projects and policy, especially on HIV/public health programming. This course-linked capstone thematically illustrated the current state of the problem by providing in-depth analysis of the degree of HIV impact on the affected population, and the effort put in place by the government. I reviewed available publications and journals to consider expert opinion on the issue. The paper accessed relevant frameworks and proposed a tripartite approach, (Ensuring Effective Collaboration) aimed at making sure the government established a collaboration and linkage with social enterprises and Nongovernment organization to stem the incidence of HIV. Finally, the learning reflected the process and transformation of the proposed model into a valuable and viable tool. This paper proposed recommendations for the Nigerian government on the need to address the scourge of HIV as it affects the reproductive health of the young adult.

Introduction

Acquired Immune Deficiency Syndrome (AIDS), is among the greatest threats to health worldwide. According to UNAIDS, "In 2015, an estimated 36.7 million people were living with HIV (including about 1.8 million children)." (UNAIDS, 2016). In the same year, AIDS killed over one million people. More than 80 million people have reportedly been infected with the HIV, and about 35 million people died of HIV/AIDs since the epidemic began. Nigeria has the second largest HIV epidemic in the world according to a similar report, and this has brought life expectancy down (NACA, 2015). "In another report, an estimated 65% of new HIV infections in the western region and central part of Africa in 2015 occurred in Nigeria, as it accounts for almost half of all new HIV infections in Africa on a yearly basis" (UNAIDS, 2016). "About 185,000 people died from AIDS-related illnesses in Nigeria in 2015" (UNAIDS, 2016). The Nigerian Government has formulated policies and carried out programs to address HIV/AIDs epidemic, but the absence of continuous evaluation frameworks have hampered significant achievement and sustainable solution.

Based on observation working and living in Nigeria, it is apt to say there was no conscious effort to conduct a proper M&E to assess the impact of government policies on HIV/AIDs programming in the country. It is pertinent to note that majority of policy makers, and political office holders lack leadership and managerial acumen to evolve with change dynamics with regards to international development issues. Except for international organizations with developmental projects in the country, which essentially throw the concept of monitoring and evaluation around, the local nonprofit organizations are not deeply rooted in the profession and as such lack the right framework to adopt international best practices in M&E professions. Although, funding is a big challenge that hinders most of these organizations from

adopting the best international operational standards. The need to adopt and implement a clear M&E strategy or approach influenced the direction of this capstone paper. Hence the development of EEC (Ensuring Effective Collaboration) framework as an outcome of this project. The importance of M&E cannot be over-emphasized in modern day assessment of every developmental project especially that which to do with public health.

Jeffrey Sachs (2015), once stated the following:

Good health stands at the center of sustainable development. It is at the heart of well-being and is vital for everything else we hold dear. It aids children to survive, flourish, learn, and make their way through school and on to adulthood and the labor force. Good health also enables a workforce to be productive. Thus, it enhances the ability of a community to develop human capacity, undertake economic activities, and attract investment (p. 275).

Sachs (2015) stated further that "since the beginning of United Nations itself, the priority of health has been clear" (p. 275).

This course-linked capstone is an attempt to focus on what evaluation can offer government policy and project within the context of discussions around HIV/public health programming in Nigeria. The importance of M&E cannot be over-emphasized in modern day assessment of developmental projects. It is on this pretext that I am agitating for the incorporation of monitoring and evaluation in government policy and programs on HIV/public health programming in Nigeria to achieve a deep-seated and far-reaching impact.

Methodology Overview

The capstone focuses on the development of an evaluation approach that would offer a roadmap for the government on how to stem the surge of HIV/AIDS by implementing frameworks to monitor HIV/public health programming in Nigeria. In an attempt to focus on which approaches may be relevant, there are few fundamental questions raised; How can government function and what method is most suitable in the Nigerian context? Attempt to answer these questions elicited a greater desire to research on frameworks developed by Center for Disease Control and other agencies globally on public health by reviewing existing literature and peer review journals. Based on this research capacity, there was a proposal of a tripartite approach called 'Ensuring Effective Collaboration' (EEC) that may be adopted to help in the ongoing effort to control the HIV epidemic in the country.

Capstone Paper Overview

This capstone paper contains an in-depth analysis of HIV/AIDS pandemic in Nigeria. The first part of this capstone paper which is the thematic research area provides a thorough discussion of the challenges and problem of HIV and government policy to address it. The discussions here captures reports from the major international organizations as well as the agencies saddled with the responsibility of managing and seeking preventive solutions to the epidemic in Nigeria. In the second part of the thesis, there was a description of the style of governance as it relates to sustainable development goals. Here, there was an analysis of previous intervention strategies and the impediment to the success of the previous effort by the Global Fund as an organization and a sole donor to the HIV prevention project. As an outcome of this project, the author developed and proposed the EEC (Ensuring Effective Collaboration)

model to make sure that the government fosters a partnership with social enterprise and international/ independent advocacy groups as a way of providing generic solutions to HIV/AIDS/public health problems globally. Lastly, there was an analysis of developed country's framework on public health issues and an attempt to contextualize it as a way of ensuring effective monitoring and evaluation framework that would be a panacea to the epidemic of HIV/AIDS in Nigeria. The final section of this paper is a reflection on lessons learned and a proposed recommendation for future public health programming in the country.

Thematic and Technical Research

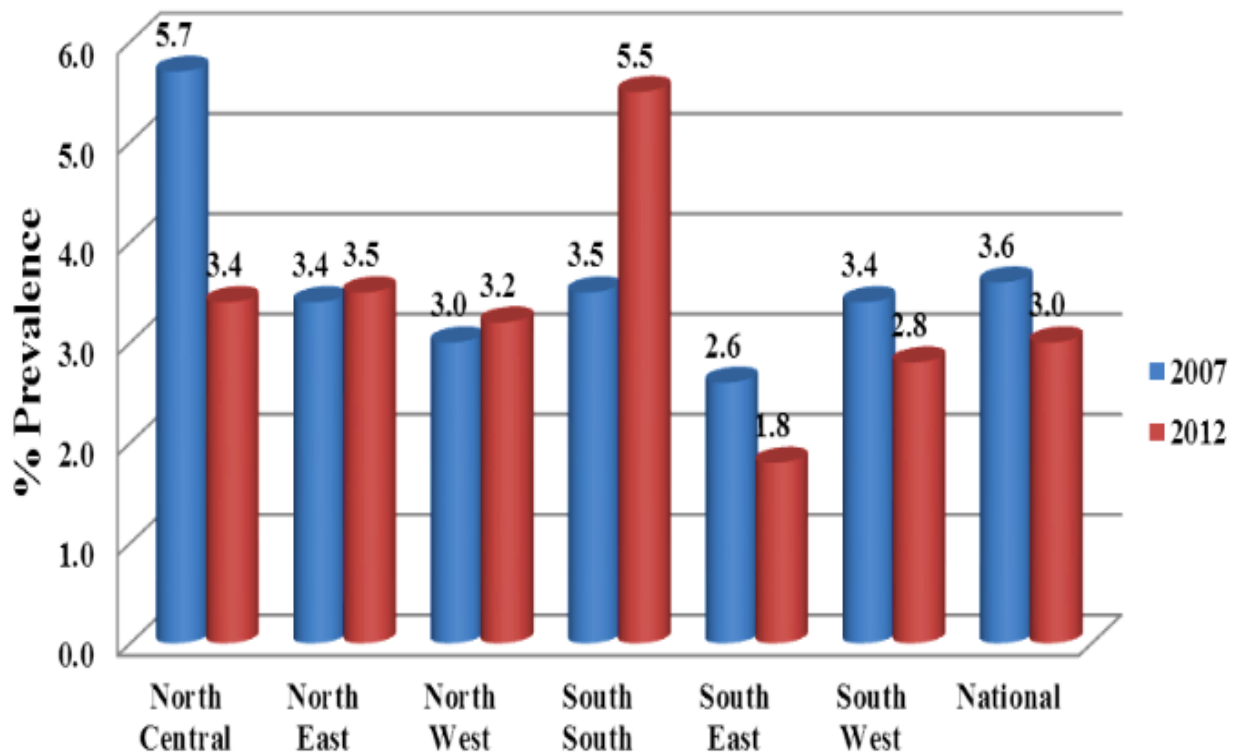
The problem of HIV and Health Insecurity in Nigeria

Acquired immune deficiency syndrome (AIDS), is a major sustainable development issue constituting the greatest threats to well-being globally. According to UNAIDS, "In 2015, an estimated 36.1 million people were living with HIV, that statistics quoted 1.8 million children with a global HIV prevalence of 0.8 %"(UNAIDS, 2016). The outbreak of HIV/AIDS has added to the list of threats to public health, human security, safety, and survival in the country. The issue has gone beyond a simple a simple health crisis to an unprecedented level in the past few years with visible impact permeating all the segments of society. According to NACA report in 2015, the first incidence of AIDS happened in Nigeria in the year 1986. This prompted the government to adopt Sentinel Surveillance System for assessing the pandemic in line with World Health Organization guideline. The report from UNAIDS indicates that the first HIV Sentinel Survey in 1991 showed an increase in prevalence pattern from 1993 to 2010.

The NACA report of 2015 also had it that in 2003, the government adopted a National HIV/AIDS and Reproductive Health Survey to provide real-time information on cases of HIV/AIDS as well as behavioral issues associated with it. The survey generated lots of reports on variations and prevalence within the country. It contains lots of indicators including but not limited to zones, gender, at risk population, state, and age. A further analysis of the report also presented a predominance data in the country's six geopolitical zones. In fact, a comparison of available data in 2012 with the earlier report in 2007, shows that there was a decrease in prevalence rate in three zones namely; North-Central, South-East, and South-West while it

increased significantly in three other zones: South-South, North-East, and North-West respectively.

Figure 1: HIV prevalence by Zones and National



(Source. National Agency for the Control of Aids, Nigeria GARPR, 2015).

To get a quantitative sense of the epidemic, the Sentinel Survey in 1991 showed a prevalence rate of "1.8%, 3.8% (1993), 4.5%(1996), 5.4%(1999), 5.8% (2001), 5.0%(2003), 4.4%(2005), 4.6%(2008), and 4.1%(2010)" (UNAIDS, 2015). Also, reports from fourteen states indicated higher prevalence than the overall national rate by 3.5% while states not included recorded low incidence ranging from less than 0.3 to 0.9%. An insight analysis revealed the highest prevalence in "Rivers (15.2%), Taraba (10.5%), Kaduna (9.2%), and Nassarawa (8.1%) respectively. While ten states have prevalence ranging from 3.3%-6.5% with Ekiti state boasting of the lowest prevalence among the states in the country" (NACA, 2015).

It is a stunning reality that the number of Nigerians living with HIV/AIDS virus had risen to 3.2 million in 2013 which makes Nigeria the second worst affected country in the world, constituting a significant health insecurity (UNAIDS, 2016). Consequently, over 200,000 people died in 2013 due to various illnesses resulting from HIV/AIDS infection. That only represents about 15% out of the entire world HIV statistics. The death rate has continued to soar since the year 2005, which goes to show that access to antiretroviral treatment is lean in Nigeria (UNAIDS, 2014). In an estimate, between 60-70% of new cases of HIV epidemic in Africa in the year 2015 occurred in Nigeria, which is the highest in the whole of sub-Saharan Africa on a yearly basis.

Table 1 HIV/AIDS in Nigeria, 2014 (UNAIDS, 2014a,b,c; UNAIDS Gap Report, 2014; USAID, 2014; UNAIDS Data at <http://data.un.org/Data.aspx?d=UNAIDS&f=inID%3A32>).

Indicator (in millions or otherwise indicated)	Nigeria	Sub-Saharan Africa	Global
Estimated number of people living with HIV/AIDS 2014	3.2	25.8	36.9
Estimated number of children living with HIV/AIDS, 2014	0.4	2.3	2.6
Estimated number of deaths due to HIV/AIDS, 2014	0.21	0.79	1.2
Estimated number of new HIV infections, 2014	0.22	1.4	2.0
-Adult (15 yr. +)	0.17	1.2	1.8
-Children (<15 yr.)	0.058	0.19	0.22
Number of adult population (15 yr. +) estimated to be living with HIV/AIDS, 2014	3.0	20.3	34.3
-Adult women (15 yr. +)	1.7	12.1	17.4
-Children (<15 yr.)	0.36	2.3	2.6
% of young women (15–24 yr.) estimated to be living with HIV/AIDS, 2014	1.3	3.4	0.4
% of young men (15–24 yr.) estimated to be living with HIV/AIDS, 2014	0.7	1.4	0.3
Estimated number of AIDS orphans (0–17 yr.), 2014	1.6	10.9	13.3
Number of people estimated to be receiving ART, 2014	0.75	9.1	12.9

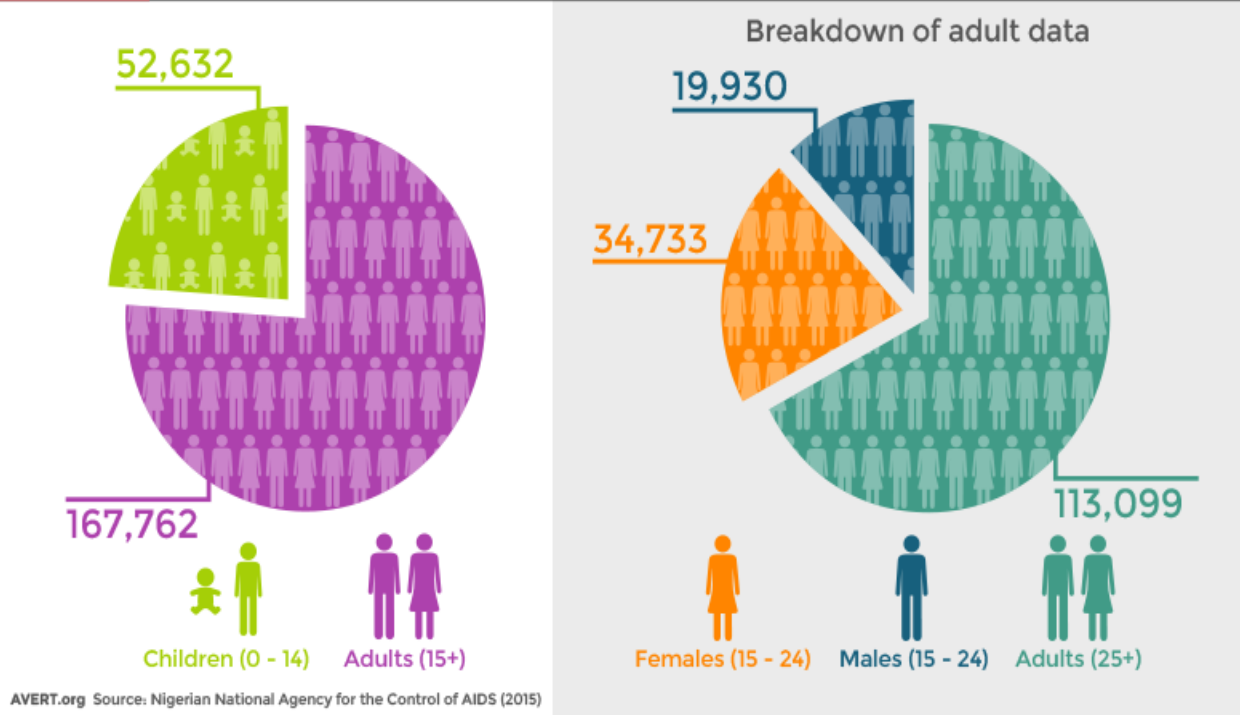
(Figure 2. A tabular analysis of HIV/AIDS infection in Nigeria. Taken from Saudi Journal of Biological Science 2016, p. 1)

A demographic look at the HIV/AIDS infection in the country among children, adult, and both gender show that the number of affected children continue to increase due to transmission from mother to child relatedly as a result of lack of adequate care and awareness before delivery. In fact, most of these kids lost their parents to the virus.

The hardest hit is the young adult in their late twenties as alarming figures revealed that both men and women between ages 25 and above records highest number of percentages. It will be apt to say that the government is not committed to addressing the AIDS pandemic and this account for why there is a lack of awareness and understanding about the infection rate of the epidemic². The country continues to plunge itself further into the abyss of HIV pandemic and expose the citizens to high-security risk by moving on the brink of a failed state.

¹ Final case study paper submitted to Dr. Davina and edited to suit my final capstone product.

² Final M & E paper submitted to Amy and edited based on comments from the Instructor. Both materials have been edited and modified to meet the standard required of a capstone paper.



(Figure 3-infographic of the new infection rate) ³

The scourge of HIV/AIDS is profoundly significant and challenging for Nigeria. In series of research conducted using different indicators and causes, it is quite obvious and revealing that the level at which the infection has spread through the fabric of Nigeria society is alarming. Myriads of scholars have conducted research work and produced extensive scholarly articles in journals, reports and various publications. All these aside from major reports from multinational organizations, agencies and ministries in Nigeria on different indicators and holistically in some other reports

³ Figure 3 Infographic taken from the initial case study assignment submitted to Dr. Davina following review and comments.

The scourge of HIV/AIDS along with the issue of male hegemony in the Nigerian society is at an alarming rate. Unknowingly, the dominance of men as entrenched in the structure of the Nigerian society plays a damaging role and in fact, contributes to the problems of HIV. Onuoha et al. posit that " in a society dominated by men such as Nigeria, gender is a prop on which vulnerability and scourge to HIV/AIDS and public health rest'' (p. 2).

In fact, there is a network of relationship here with a strong indication that social confines play a greater role in limiting women from realizing their potentials and saying no in particular circumstances. NACA documents in 2015 advanced the same arguments in the annual Global Aids Response Country Progress Report in 2016 that social limitations expose women to HIV compared to the male counterpart. According to UNAIDS report in 2016, "the feminization of Nigeria's HIV epidemic is in part due to the gender imbalance that pervades the society, law, and law." The report moved further to assert that "increasing educational attainment among female is linked to better sexual and reproductive health outcomes, including lower rate infection"(p.23). Relatedly, the dominant voice here centers on the hegemony of the male over the female, the structure of disempowerment and pervasive socio-economic, cultural and political imbalance that has constricted women and make them susceptible to HIV/AIDS epidemic.

Apart from gender and male dominance, quite a handful of other literature and publications have identified rape and sexual violence as a silent epidemic among young adult with HIV implications. Folayan et al. once stated that "HIV/AIDS infection is one of the many challenges rape victims face" (Folayan, 2014). The prevalence of rape cases is high in Sub-Saharan Africa with a considerable number in Nigeria. Most rape victims are unlikely to report because of the problem of stigmatization and ineffective punitive measures in the system. The

victims are condemned to live with the trauma including physical and emotional problems. Quite a few other scholars have written about the problem particularly when victims become subjects of derision by friends, family, and rejection by the society.

In addition to these issues, there are problems with the health care system. The story behind the health care service is appalling. The ripple effect of mismanagement and corruption has permeated every sector. Corruption remains a huge factor, HIV testing centers have disappeared partly due to mismanagement and majorly due to corruption. In the government hospital, the structures have devastated, drugs are gone, and morals of health care workers have turned cold. The people do no longer feel confident to get treatment at the hospital, and most of the teeming masses rely on unqualified medical practitioners to access health care. The situation has not been helpful to anyone, and it makes HIV tracking and reporting abysmal and unsuccessful. Health workers have lost their work ethic, and persons living with HIV find it extremely difficult to say or go for a test because of stigmatization.

There is much discrimination, criminalization, and stigmatization. This much is traceable to lack of proper education and enlightenment of the citizenry. Discrimination and criminalization of same-sex marriage, stigmatization of rape victims and all the three combined and directed towards people living with HIV (PWHIV). With this much said, the government has a lot to do to address these problems to reduce the incidence of HIV. A lot has been put through publication but with a lack of similar effort from the government. Although, there is a new trend that most if not all available literature has not deemed to be relevant or directly connected to HIV and this probably accounts for why there is little literature available on the issues.

I will argue that there is almost no research to articulate what is going on within the prison system. There have been few reported cases of prison officials sexually assaulting the

inmates (Lawan, 2016), but we should not undermine the fact that there is a mutual relationship between HIV and this bestiality. The sexual assault also contributes to the plight of female prisoners in the country. In fact, the reckless behavior of the prison warders in Nigeria towards the inmates is undesirable and grossly contribute to their health rights (Solomon, 2014). Even when there have been few reported cases, a lot of it goes unreported, and this has a grim HIV implication.

The baby factory syndrome is the new dimension with grave HIV consequences that require the attention of the government and stakeholders. The extreme poverty and socioeconomic situation and have pushed young adults to offer themselves to make babies for people who wants and needs them for obnoxious reasons (Makinde, 2016). They are confined, and house in a compound and can number between 15 to 50 or more. Different men come around intermittently to have sexual intercourse with them until they become pregnant. The young girls will then collect money in exchange for their babies after delivery. This is a contemporary situation now especially in the South-Eastern part of the country (Ele, 2017). The implication is that these young girls are exposed to various diseases especially HIV without even knowing. The baby factory situation is alarming, and the government needs to take a drastic step to address this situation.

In recent years, Nigeria government has continued to enact law across the three tiers of government that allows appropriate representation from the female gender. Others include programs that target gender inclusion. The country has recorded significant level of improvement around women empowerment, and gender composition matching actions with appropriate laws but culture, poverty, and religion remain the greatest hindrance to achieving and dismantling barriers to social confines.

The crux of the problems lies with corruption. With an efficient system to track and tackle this cancer, it will reflect on other spheres of our daily life. The government has not achieved so much in the fight against corruption. The successful government did much by setting up anti-corruption agencies like EFCC and ICPC, but corruption has eaten deep into the fabric of the society that every effort to fight crime has always met with a brick wall. Otherwise, the evil effect will continue to manifest in effort gears toward combating HIV epidemic. Without will power to produce meaning programming, AIDS will continue to ravage our society and plunge the nation further into the brink of a failed state. A sustainable solution is, therefore, more than necessary to outsmart corrupt practices and channel a roadmap to achieving sustainable development goal number 3.

[Sustainable Development Goals and Its Relevance](#)

United Nations Declaration on Sustainable Development Goals (SDGs) tagged 2030 Agenda for developmental goals adopted in Geneva by various Head of States in September 2015 at a historic UN Convention officially came into recognition. The sustainable development program otherwise known as global goals is a universal call to action to action on national governments to commit to the eradication of poverty, protection of the planet and ensure education for all, close the gap of inequality and promote healthy living as part of the 17 targeted universal goals. ⁴

⁴ I took this portion from the final M&E paper submitted to Amy but has been edited following comments from the instructor to fit into this capstone paper.

The discussion on sustainable development has taken unprecedented strides among global communities. Given this backdrop, governments, private sectors, civil society, non-governmental organizations, social enterprise and the rest of the stakeholders who are committed to the UN declaration are making a frantic effort by ensuring a sustainable future for the coming generations. Governments' worldwide work together in the spirit of partnership to make the logical choice, pool funds and resources to help the developing countries sustainably improve life. The individual organization, for instance, Gates and Melinda Foundation and others are not left out in making funds available to NGOs and Startups to build a sustainable and just world.

In this bid, the Nigerian government with funding from the Global Fund adopted a Nationwide Strategies and methods including the following (NACA, 2015):

- Increase program implementation at a rate of 50% from 2005 through 2009 by improving coordination processes. This is a multi-sectoral approach that was intended to launch reins of coordinated process across all sectors including health, political, civil society, and the private sector. This was considered an ambitious step, but there is a culture of nonchalance and lack of continuity in the system.

- To achieve about 95% behavioral change among the teeming population before 2010.

Another key objective of the National Strategic Framework is to influence behavioral change through education, leaflets, jingles, and nationwide campaign.

- To scale up prevention mechanism, treatment and implement policies to protect persons living with HIV/AIDS by 50% in 2009. This is to promote the use of condoms, scale up HIV testing centers and programs across the local governments, increase antiretroviral treatment and

implement policies to address structural, economic and social problems associated with HIV prevalence within the country (NACA, 2015).

At this point, it is right to ask a fundamental question of whether the collaboration of Nigeria government and the Global Fund has yielded any meaningful impact. In spite of the cooperation with the international donor agency, there was little progress has made. This is because there is no effective policy and system to measure the country's transparency and government accountability.

Transparency International and Failed State Indicators

According to Transparency International, Nigeria has maintained the same position it was on the corruption index table moving three steps forward from 139 in 2012 to 136 in 2013 till date.⁵ The problem of corruption, extortion, and bribery remain a major headache for a country that prides itself as the giant of the continent. With its vast resources, the country continues to decline in the areas of government efficiency and accountability. For a country that stands currently at 191 million regarding population size, and with all human and natural resources available to the country, the leadership has failed woefully to correct the anomalies of misrule.

Accountability and transparency remain a big challenge. In fact, there is a significant correlation and mutual relationship between health insecurity and human vulnerability due to bad governance in the country.

⁵ Out of 178 countries rated by Transparency International, Nigeria currently occupies 136 due to corruption. Retrieved from

<http://www.transparency.org/country/NGA>

A little dive into the history reveals quite a lot about the beginning of the current quagmire. Nigeria is a country amalgamated in 1914 by Lord Lugard. There are three dominant ethnic groups namely: Yoruba, Hausa, and Igbo across the region; South-West, North, and the Eastern part of the country respectively. The amalgamation of 1914 was a forced marriage to form a nation subject to the control of the British Administrative Rule.

These autonomous regions were three distinct group with a unique culture, differences in language, history, tradition, and religion. The intent of the British Government was to impose a particular region over the others and signaled the beginning of the mess we are in, the problem of nepotism and tribalism till the present moment. The lack of patriotism to the entity called Nigeria is the bane of her problem from independence in 1960 till date. Noticeably, the issue of nepotism over and above national interest continues to leads to lack of purposeful leadership and singularly account for mismanagement and corruption over the last 50 years after independence. The resultant effect is gross human right abuses and failure to reach potentials and development in all spheres most notably health sector.

One continues to wonder while Nigeria that claims to be the giant of Africa with an abundance of natural resources will sit at 136 in rank according to Transparency International while her counterpart in the region; South Africa sits at 64, Ghana 70, Rwanda 50 and USA at 18. For the country to close rank and delivers good governance and viable project to change the life of its citizenry like the rest of big nations, it needs to get out of the social norm of corruption and provide purposeful leadership. This will also reflect in every sector of the society and help to redirect the effort of the government to adequately and efficiently manage HIV/AIDS epidemic by providing sound public health programming that would be transparent and meaningful.

This situation thus leaves us with these fundamental questions:

How can we measure the way governance is hindering path to attaining sustainable development goal?

How can Nigeria rescue itself out of the failed state indicators?

Lastly, how can Nigeria attain effective programming and sustainable solution to HIV/AIDS?

To have a sustained impact, the government needs to address the funding problem, and develop a viable solution, by exploring a fresh idea and new approaches by way of partnership and social enterprises development to address the growing health insecurity and HIV scourge.

Collaboration with Social Enterprises

During my practicum experience, a significant aspect of my assignment was to conduct a review and assessment of social enterprise companies that have passed through our program in the health sector around the world. Especially those organization doing developmental and innovative programs in the area of delivering sound health care by blending social mission with a business model. A good example of these agencies includes, Pace MD, Ayzh, Bioceptive, Maternova and others. While some of these enterprises like Pace MD are focused on training local birth attendants on how to save lives, others like AYZH are focused on developing simple yet affordable tools for child delivery and prevent mother-to child transmission of HIV. Bioceptive and Maternova help to provide intra-uterine inserter, female condom to help women who suffer vulnerability and are under the canopy of male dominance to protect themselves. These companies are present mostly in developing countries in partnership with government and NGOs to bring succor to people by providing a sustainable solution to their health challenges.

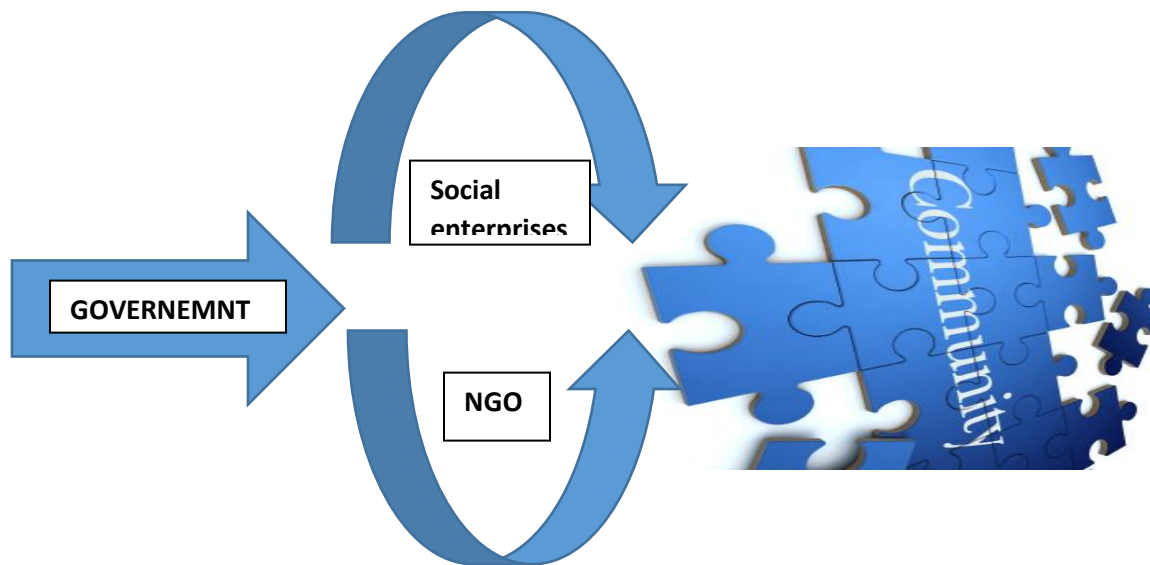
A large number of these social enterprises partner policy makers worldwide to provide sustainable solutions to issues relating to HIV, maternal mortality, malaria, tuberculosis and

other health challenges. The government to re-think and strategies by adopting a multifaceted approach to solving the hydra-headed monster that bound to destroy our generation. Engagement of social enterprise sector can help address the different challenges identified above. Developing businesses can even assist in creating revenue streams for the health ministry by placing tax incentives on tools used to inject drugs and discourage persons who live with HIV (PWHIV).

In the 2015 report presented by the National Agency for the Control of AIDS, Monitoring and Evaluation framework claims substantial part of the document, but there is a stark contrast to what is in the report and the situation we have at hand. The prevalence of HIV has reached an unprecedented level since the outbreak of the evidence in Nigeria. To this end, the agency responsible for addressing this epidemic should brace up, counter the recent scourge, adopt and implement effective M&E programming. A viable alternative or replacement to what is in place is the adoption of a comprehensive approach that can guarantee a fair place and provide checks and balances to all stakeholders involved in addressing this pandemic.

Monitoring and Evaluation Tool to assess programming and Ensuring Effective Collaboration

(Figure 2: Ensuring effective collaboration)⁶



This is one framework for understanding a collaborative effort. The onus lies on the government to commence collaboration process with social enterprise and NGOs. Here the government needs to realize how dreaded the epidemic has become and must be ready to tackle it. There must be effort geared to achieving a sustainable solution, and this drive should involve a consolidated tripod approach as developed by the writer. The reason for this method is to provide a check and balance system because of the systemic issue of corruption which has rendered past effort unproductive. Hence the need for this EEC approach.

⁶ The author of this capstone developed the tripartite model as part of M&E poster presentation.

As I said earlier, the government must be ready to pioneer the collaborative effort by partnering with social enterprises who would bring in innovative ideas and link up with advocacy groups to check on the whole process. This can be a purposeful approach because each is an independent body acting to ensure everything is done right following a drafted regulation. In the end, if there is a followed up effort with well-tailored monitoring and evaluation system there would be a resounding success. This effort can yield productive impact investment, accountability, and a possible analytical assessment of social return on investment.

Implementing Viable Evaluation Framework

The importance of M&E cannot be over-emphasized in modern day assessment of a developmental project. It is against this backdrop that I want to agitate for the incorporation of monitoring and evaluation in government policy and programs on HIV/public health programming in Nigeria to achieve a deep-seated and far-reaching impact. One pertinent question to ask in this context is :

What does evaluation offer to governments working to address public health within their countries?

In this case, I will examine at the effort of the Nigerian government to stem the impact of HIV/AIDS epidemic. According to NACA report in 2016, “the efforts have been in three folds namely: prevention of mother-to-child transmission, increase awareness and education and lastly preventing tuberculosis among persons living with AIDS. Out of all the intervention programs, only HIV education proved to have remarkable success as the other two failed to achieve any meaningful outcome. Although there was a replica of mother-to-child transmission in Ondo state

Nigeria with partnership and incentives to traditional birth attendants, it became a resounding success.

It is right to posit that if there were monitoring and evaluation assessment of these programs, this might inform scale-up of the successful program and provide informed decisions moving forward on the rest of the methods.

Reviewing existing Frameworks

Another important question to consider is, 'What are some possible frameworks for evaluation of public health programs and how can I identify the best fit in Nigeria situation?

Framework for Program Evaluation

This method is a “practical nonprescriptive tool, designed to summarize and organize the essential elements of program evaluation” (CDC Publication, Vol. 48, p.4). The framework Comprises of six basic steps that an assessment should incorporate. They are the beginning of an evaluation process.

The figure below is a diagrammatic representation of the components engages each other as well as the standard use for accessing the quality of the program.⁷

Figure 3. Here the six component of the evaluation circle and the standard for assessing the quality of the program at the center.

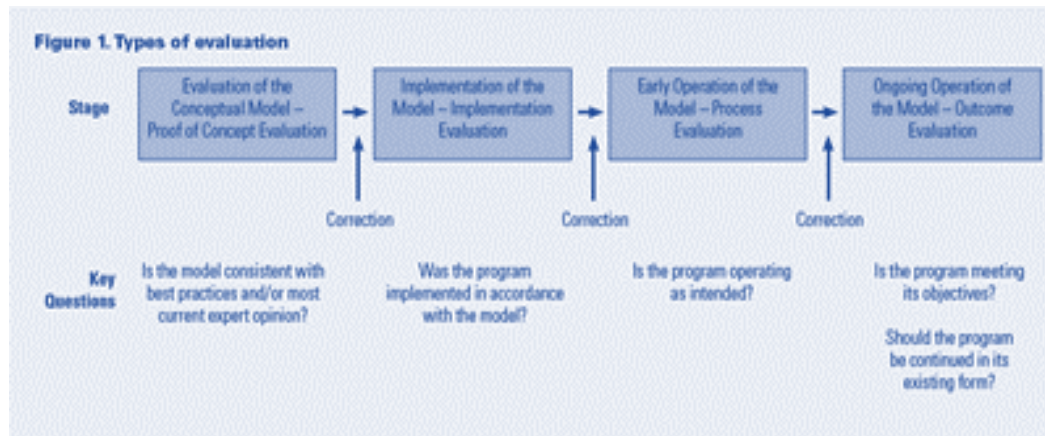


In what is to be a little tweak from the above evaluation method, Marcus Hollander, and Helena Kadlec instituted a framework for thinking about the fundamental questions that need answers to develop new policy and program relevant to the knowledge that is helpful in making more informed decisions. Their proposition encapsulates three basic dimensions in evaluation: types of assessments, key domains of inquiry and general research questions which can readily adapt to new or existing health care program evaluation.

⁷ A multi-sectoral approach developed by Center for Disease and Control, US. I found it befitting in Nigeria context.

The figure below represents the four types of outcome evaluation with each generating its set of questions.

(Figure 4. An overview of central assessment log frame)



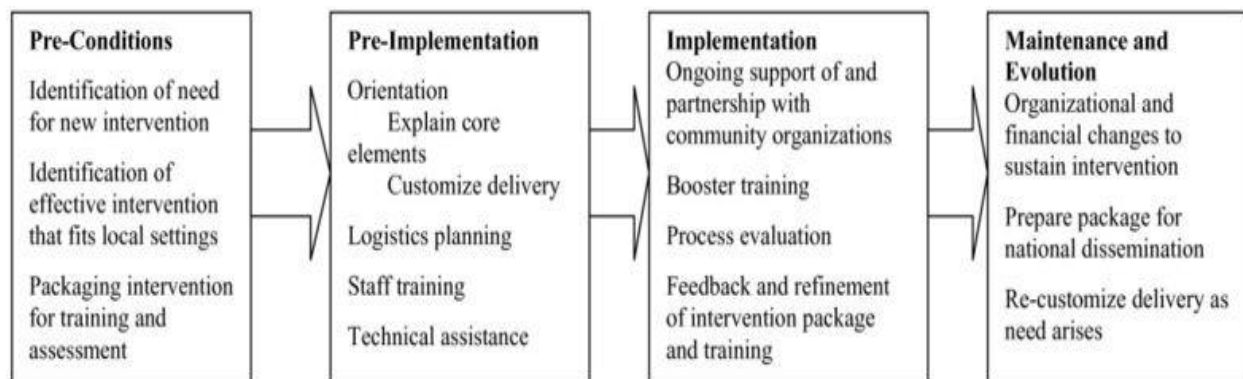
A simple analysis of this model leaves little to desire. In my opinion, it does not consider the context in which the evaluation will take place. Additionally, it needs other domains to make complete sense without which may not be meaningful to program staff. As such, this may not be directly applicable in Nigeria context. With the country's high corruption cases, a program of this nature will have little or no effect especially in a case where there is no known established evaluation strategy.

Perhaps the most comprehensive framework of all the ones I reviewed for health care intervention is the one designed to fit into the experience of the Center for Disease Control and Prevention (CDC). The Replicating Effective Programs (REP) Project, which was put to use at the initial stage of developing systematic and efficient strategies to combat HIV/AIDS intervention from dissemination. The efficiency of the REP framework is in its methodology, most especially in “clinical and health services interventions in community-based organizations” (CDC Publication, Vol. 48, p.6). The framework also identifies result measurement which

consists four different phases namely: “Pre-conditions, pre-implementation, implementation and maintenance and evolution. Here, it includes the REP framework that contains intervention packaging, training, technical assistance, and detailed assessment crucial to the implementation of the active intervention in health care” (CDC Publication, Vol. 48, p.6).

With the above-highlighted features and workability, it is right to adjudge this framework as the best method that can be adopted in Nigeria to combat surging HIV/AIDS epidemic. It is simply the best framework for implementing intervention strategies as it specifies steps needed to maximize local customizing and sustainability. Since Nigeria problem is structural and economical, the problem is best addressed using this method. It is a direct connection from pre-condition to maintenance and evolution, and it will eliminate or even by-pass the unchecked fraud in the system.

(Figure 5. Effective linkage of the program intervention, a CDC framework)



In the Pre-conditions stage of the intervention, there is the identification of the need necessary for a new intervention for a particular population. This take-off phase preceded the scene that follows it which is tailored to fit local settings (for instance, mission and benefits to the organization) and the target population. The last of the pre-condition stage identifies

hindrances and how to draft implementation barriers as well as developing a user-friendly package of the intervention strategies.

At the Pre-implementation stage, there is contributions and awareness from a Community Working Group (CWG) on program packages and logistics in preparation for the response to the adoption of wrapped method.

(Figure 6 Outline of the Replicating Effective Process) ⁸

Phase	Activity	Process	Who
Pre-conditions	Identify need	--Identify high-burden condition	Researchers
	Identify effective intervention	--Identify barriers to implementation --Identify intervention tested in a completed, randomized controlled study	Researchers
	Identify barriers	--Organizational needs assessment, usual care	Researchers, representatives from practices, providers of community-based organizations (target population)
	Draft package	--Write package into everyday language --Distinguish core elements, menu options	Intervention developers
Pre-implementation	Community Working Group	--Select Community Working Group (CWG) --Refine package, Core elements and menu options refined based on CWG input, adjudicated by intervention developers --Refine training, technical assistance approach strategies per CWG input	Researchers, CWG (i.e., health plans, practices, providers, patients, purchasers)
	Pilot test package	--Further refinement of package	Researchers, CWG
	Orientation	--Identify eligible organizations	Researchers, CWG, organizations participating in implementation
		--Logistics of dissemination --Kick-off meeting, package dissemination	
Implementation	Training	--Organization staff training	Researchers and staff
	Technical assistance	--Follow-up with organizations	Technical assistance expert
	Evaluation	--Formative evaluation --Model fidelity --Patient outcomes --Return on investment	Researchers
	Ongoing support	--Continue CWG, site visits	Researchers, CWG
Maintenance and evolution	Feedback and refinement	--Analyze data, inform sustainability --Refine package	CWG, Researchers
	Organizational, financial changes	--CWG advises on sustainability strategies --Develop business case for intervention and REP process	Researchers, CWG, sites
	National dissemination	--Reproduce package --Refine business case: return on investment	Researchers, CWG
	Re-customize delivery as need arises	--Continue to refine package (e.g., menu options)	Researchers, CWG

According to CDC, “the implementation phase at the beginning of the dissemination of the REP package to participating companies and continues with response training, technical assistance, and evaluation (e.g., fidelity and outcomes monitoring)”(Vol. 48, p.4).

Identify need

In the project outline set forth by CDC, the first step under pre-condition directly relates to vulnerable population and appropriate intervention programs.

Identify effective and efficient interventions

It is right to identify suitable intervention strategies for Replicating Effective Program. The procedures must be appropriate to withstand evaluation either by way of randomized control trials or other assessment methods.

Ensuring suitable intervention for local settings

Researchers should take cognizance of how effective the intervention program is proportionate to the local environment. One can observe that many intervention programs are disproportionate to target communities. In contrast, by trying to review strategies, suitability should be considered.

Identify barriers

What are the barriers to implementing intervention strategies and how can the barriers be controlled. Researchers and program staff can take care of these obstacles during the need assessment stage.

Drafting intervention strategies

Drafting of intervention packages is required to carry out implementation programs efficiently. The selection can include unique training model, user-friendly manual, program language and other supporting documents to implement the REP packages successfully.

At this point, the local partnership with social enterprise and NGOs would be carried out along with the CWG to assist social researchers and field workers in interpreting feedback from the assessment work and tailor such to their program.

(Figure 7 How to confront obstacles to effective program implementation)⁹

Level	Barriers	REP components addressing barriers
Health care purchasers	Lack of awareness of evidence-based interventions	Business case for REP process (added value of training/TA) via evaluation
Health plan	Lack of a "business case" for technology transfer models	
	Different provider organizations fragment implementation efforts	Package can be disseminated to several sites
	Lack of financial incentives to implement intervention	REP training
		Community Working Group (CWG) to include plan/purchaser and minority representatives- match model to program/state mandates
Practice organizations	Lack of time, resources to train staff in intervention	Manual and guidance on intervention application through TA to facilitate customization to local sites based on input from site representatives from CWG, enhance group scheduling, phone self-management sessions, and culturally appropriate options including community and family engagement
	Interventions not adapted to practice organization	
	Lack of engagement if intervention is imposed on them	
Provider	Lack of time, information	REP packaging- manual on how to supplement provider services
	Lack of training opportunities in intervention	
	Competing priorities	
Patient/consumer	Lack of access to customized interventions	Identification and packaging of interventions tailored to different populations; Identification of intervention core elements
	Lack of ongoing support, interest	

⁸ Table taken from CDC framework outlining project activity. ⁹ An outline of how to confront obstacles using REP framework

Reflection- Lesson learned

Through the development of this capstone, I have been able to build upon my existing knowledge as amplified in my learning and professional development plan. I have gained an in-depth knowledge of closing the gap between research works especially for community-based practices and initiative outside the academic arena. The writer has gained tremendous experience and insightful knowledge about the most vulnerable groups to HIV infection in Nigeria. I understand that men who sleep with men, prison inmates, rape victims, rural dwellers who are cut-off from the rest of the society, young children and pregnant women are the hardest hit. I have learned to understand that the implementation of effective and efficient interventions by agencies of the government met with multilevel barriers and brick wall of corruption and inept. Having deepened my knowledge and awareness as it relates to the structure and obstacles on the ground, I can achieve a lot through a functional leadership and management excellence committed to seeing the change I am passionate about especially in the health sector as amplified in my LPDP.

This capstone paper has provided a lot of insight into the inept of the Nigerian system and lack of commitment to tackling the HIV epidemic. With the high corruption index, it will be right to establish a program that will capture all stakeholders as well as address a broad spectrum of the theory of change. REP is a formidable method for applying health care strategies, as it specifies steps needed to efficiently maximize accuracy to effective and efficient interventions while allowing opportunities for community input to maximize capacity development.

Using the REP framework to address HIV/AIDS and other related infections interventions programs can potentially bridge gaps in knowledge, notably through studies

focused on whether interventions strategies through the REP process improvement outcomes with people living with HIV (PWID) and people who inject the drug(PLHIV). It will also help to determine whether any of the intervention's essential components are likely to foster its sustainability and far-reaching impact.

Through the literature, the writer has gained a working knowledge needed across various health care system as well as practical and reliable frameworks required to facilitate the implementation of intervention strategies in complex environments like Nigeria, and the need to advance a more rapt attention to transforming research into practice for program effectiveness. I have also understood REP to be a promising tool useful in the application and dissemination of clinical and health services interventions, especially in random control trials. Going further, I have learned more in the following areas:

- 1 - Method for Program Evaluation at the Centers for Disease Control, USA
- 2 - Evaluation of health care services; asking the right question.
- 3 - How to implement the evidence-based intervention in public health care: application of the Replicating Effective Programs Framework.
- 4 - How to implement effective HIV programming.

With this capstone, I have gained knowledge about REP and its implementation to make an effective programming. I have also realized the use of a conceptual framework and implementation protocol to prepare timely and responsive public health care services interventions within the community and community-based programs both locally and globally. The author hopes that Nigeria government will be ruthless in addressing and implementing effective HIV programming in the country.

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